

PURCHASE ORDER REQUISITION

CDS Family & Behavioral Health Services, Inc.

3615 S.W. 13th Street, Suite 7, Gainesville, Florida 32608 Tel. 352-244-0628

★★★ **PLEASE NOTE: Purchase Order Requisitions are due by 10:00am Tuesday mornings.** ★★★
 Any request received after the 10:00am deadline will be reviewed the following Tuesday.

Instructions to the Fiscal Department: (check all that apply)

Please Give PO # to: _____

Please Give check to: _____

Please mail a check to the Vendor:

We will be billed by the vendor:
 Vendor: _____

Tax Exempt #: 85-8012618548C-8

Purchase Order #: _____
(PO must be shown on invoice or receipt)

Date of Order: _____

Date & Time Needed: _____

Special Instructions: _____

Program: _____

Item:	Description	Quantity	Unit Price	Amount
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Less Discount	
			Plus Shipping:	-
			Estimated Total:	-

<p>_____ Regional Director/Prevention Director/Supervisor</p>	<p style="font-size: 1.2em;">1/0/1900</p> <p>_____ Date</p>
<p>_____ Comptroller</p>	<p style="font-size: 1.2em;">1/0/1900</p> <p>_____ Date</p>
<p>_____ Chief Executive/Chief Operations Officer</p>	<p style="font-size: 1.2em;">1/0/1900</p> <p>_____ Date</p>